Date Completed:

My Health LA

REQUEST TO ADD/DELETE EXAM ROOMS/DENTAL CHAIRS
AT AN EXISTING APPROVED SITE
(CLICK IN WHITE BOXES TO COMPLETE FORM)

☐ **ADD** EXAM ROOMS   ☐ **ADD** DENTAL CHAIRS

☐ **DELETE** EXAM ROOMS   ☐ **DELETE** DENTAL CHAIRS

Effective Date:	
Agency Name:	
Clinic Site Name:	
Address:	
City/State:	**ZIP Code:**
Telephone No.:	**Fax No.:**

	Exam Room(s)	Dental Chair(s)
Currently at the approved existing site :		
Number to be added:		
Total		

Justification for Change: